

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Adderall (Amphetamine mixture)

Dexedrine (Dextroamphetamine) >21 years old

Dextrostat (Dextroamphetamine) >21 years old

Therapy:

Attention Deficit Disorder with Hyperactivity or Narcolepsy

Inclusions:

A. ADD/ADHD

- 1) Symptoms in more than one setting (e.g. school, work, and at home)
- 2) Symptoms longer than six months
- 3) Have other coexisting conditions been considered (e.g. primary psychiatric disorders, learning disabilities, mental retardation)

B. Narcolepsy

- 1) Patient been evaluated for other causes of excessive daytime sleepiness (e.g. insufficient sleep syndrome, upper airway resistance syndrome, depression)
- 2) Sleep study

C. Failure of formulary medications (i.e. Ritalin SR)

Risk Factors/Contraindications

Advanced arteriosclerosis; symptomatic cardiovascular disease; moderate to severe hypertension; hyperthyroidism; glaucoma; agitated states; history of drug abuse; use during or within 14 days of MAO inhibitors (hypertensive crisis may develop)

Warning- Clinical experience suggest that in psychotic children, administration of amphetamine may exacerbate symptoms of behavior disturbance and thought disorder

Authorization:

Initially three months

Longer authorization of one year with documented efficacy

Medical Director _____

Date _____